FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)							Ω	ffice use o	nlv			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example over the	e: If typying lines	, type	12	E4M						-
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ADDRESS (number and	street)	OX 3404				ш	ш				ш	ш	ل
(Check if addr is changed)		(ANDRIA				LY	A A	L	223	3 02] _	 		ر ل
CITY▲								STATE▲ ZIP CODE ▲					
COMMITTEE'S E-MA N/A	IL ADDRESS												
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COMMITTEE'S WEB	PAGE ADDRESS (U	RL)											
N/A				ш		لللا	ш	ш		11	ш		
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COMMITTEE'S FAX N	NUMBER												
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2. DATE 0.9	1 / D D / Y	^Y 2 0 0 8											
3. FEC IDENTIFICA	TION NUMBER	(C C0040	9185									
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMENDE	ED (A)								
I certify that I have exami	ned this Statement and	to the best of my know	vledge and b	elief it is true	e, correct a	nd com	olete						_
Type or Print Name of	Treasurer L	.aura McMenami	n										_
Signature of Treasurer	Electronically File	d by Laura McN	lenamin_			Date	M 0	9 ^M	2	3 /	Ý Ý 2	0 0 8]
NOTE: Submission of fa		nplete information may							of 2 U.S	5.C. S43	7g.		_
Office Use Only			Fe To	r further inf deral Election I Free 800-4 cal 202-694	n Commis 124-9530		t:			FOF sed 12/2		1	-

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